

issues on the table. The issues I have named, these three issues, where to locate, to make sure that the District is included in the bill, and to make sure that people are not stripped of their Civil Service protection, these should be easy issues if we mean to get this bill out by September 11, or certainly by the time we leave to go home at the end of this session.

THE HIGH PRICE OF PRESCRIPTION DRUGS IN AMERICA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. GUTKNECHT) is recognized for 5 minutes.

Mr. GUTKNECHT. Mr. Speaker, I rise today to talk about an issue that more and more Americans are aware of, and that is, first of all, the high price that Americans pay for prescription drugs, but, more important even than that, the difference between what Americans pay and what the rest of the world pays for the same drugs.

I have with me a chart that I have updated several times over the last several years, and it is one of those areas where the more you learn about this, the angrier you become at the system.

Let me point out some of the prices, because I know these are hard to read here in the Chamber and on C-SPAN. But let me point out a few of these.

Here we have Augmentin, a very commonly prescribed drug. The average price in the United States for a 30-day supply, \$55.50. That same drug in Europe on average sells for \$8.75.

Let us take a drug like Claritin. Claritin is a drug going off of patent. It still sells in the United States when we made up this chart for about \$89. In Europe, the same drug sells for \$18.75

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Another drug that many Americans are very familiar with is the drug Premarin. Many women take the drug Premarin, especially as they reach menopause. Mr. Speaker, \$55.42 is the American price; \$8.95 if you buy that drug in Europe. It goes on and on. Zolof, a very commonly prescribed drug; in the United States a 30-day supply is \$114; in Europe it is \$52.50.

Let me point out another very important drug that has done a lot of good in this country and around the world for people who suffer from diabetes, and something like 27 percent of all Medicare expenditures are diabetes related. Glucophage in the United States costs \$124.65, and in Europe that drug is only \$22.

Now, what we are talking about here are the same drugs made in the same FDA-approved facilities that are sold in both places. It would be easy for us to come to the floor of the House and say, shame on the pharmaceutical industry. Well, I am not here to say shame on the pharmaceutical industry. They are only doing what any capitalist company would do, and that is that they are maximizing their market opportunities.

Now, it is not shame on the pharmaceutical industry. It is shame on the FDA, and it is shame on us here in Congress for allowing this to happen.

I want to point out something else, and then I will yield to the gentleman from Georgia. Why this gets very important is because last year, according to the National Institutes of Health Health Care Management, prescription drugs went up 19 percent here in the United States. The average Social Security cost of living adjustment was only 3.5 percent. One more chart I will show, because this is the most difficult one of all.

Earlier, one of our colleagues, the gentleman from California (Mr. FILLNER), was talking about affordability; and affordability is the real issue. It is not about coverage; it is about affordability. He said that there was not enough coverage in the Republican plan that the members of the House Committee on Ways and means and the Committee on Commerce are putting together.

Well, here is the number that the Congressional Budget Office tells us. Over the next 10 years, this is how much they estimate seniors will spend on prescription drugs. This is a 1 and then an 8, and then 000,000,000,000; that is \$1.8 trillion. We cannot afford prescription drugs because the prices are too high. If we could do what some of us want to do, and that is at least open up the American markets to imports, we could save at least 35 percent. Mr. Speaker, I say to my colleagues, 35 percent of \$1.8 trillion is \$630 billion just for seniors, just over the next 10 years.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, I appreciate the gentleman yielding to me. I want to say the great advantage of reimportation is not only does it save money now, it does it without a new government program, and it is a market-driven change.

The gentleman often quotes Ronald Reagan, who said that markets are powerful things, more powerful than armies. Here we already have groups like Canada Meds. I am not familiar with it, but I understand it is on the Internet. Canada Meds can save American seniors right now on their prescriptions, of all of the drugs that the gentleman mentioned, 30, 40, 50 percent routinely. It is not just for people who are 65 years old. If you are a mother with three kids and they have earaches, as small children frequently do, you can save that money today. This is going to happen with or without the United States Congress.

Mr. Speaker, I agree with the gentleman. Shame on the FDA, and shame on the United States Congress for not passing a law to let the neighborhood pharmacist take advantage of these low Canadian prices.

BRINGING DOWN THE COST OF PRESCRIPTION DRUGS

The SPEAKER pro tempore (Mr. SCHROCK). Under a previous order of the House, the gentleman from Georgia (Mr. KINGSTON) is recognized for 5 minutes.

Mr. KINGSTON. Mr. Speaker, I will start off by yielding to the gentleman from Minnesota (Mr. GUTKNECHT).

Mr. GUTKNECHT. Mr. Speaker, I want to come back to something that the gentleman from Georgia just said, and I think it is an important comment. What we are talking about now is the prescription drug benefit under Medicare that will benefit seniors, and it will benefit seniors. We are going to put \$350 billion into a program and that clearly will benefit seniors. But it will do nothing for those families right now who are struggling to pay for expensive drugs because they have a sick child. That is where, if we allowed reimportation, we could dramatically bring down the price of drugs, not just for seniors, but for everybody.

Mr. KINGSTON. Mr. Speaker, here is a letter from a woman in Colorado who says that she actually is now getting her Tamoxifen from Canada. It took a little longer to get the prescription filled, but it is \$160 savings every 2 months, \$80 a month savings. That is a lot of money for somebody on a fixed income.

Mr. GUTKNECHT. Mr. Speaker, that is almost \$1,000 a year.

Mr. KINGSTON. Absolutely. There are some other things that we have talked about that we think Congress should do to continue to decrease the price of drugs. We mentioned reimportation; we mentioned the prescription drug benefit on Medicare. But there are also issues such as malpractice reform, patent reform, decreasing the time for drug approval that it takes the FDA to sign off on a new drug, and also to look into the overprescription. The gentleman may know that the University of Minnesota has actually done studies on this where they have found as high as 40 percent of the drugs taken by seniors no longer need to be taken, or the prescription is actually wrong, and that is costing millions and millions of dollars each year.

Mr. GUTKNECHT. Mr. Speaker, if the gentleman will yield, I think we have to attack this problem on many fronts. The more we learn about it, the more we realize there are an awful lot of problems.

One of them is all of the money that the pharmaceutical companies are spending on marketing. I happen to believe in free speech, so they ought to be able to advertise; but we ought to at least know how much of that drug dollar is going to advertising. They ought to have to disclose that to people like us so that seniors know how much they are spending on marketing.

Mr. KINGSTON. Mr. Speaker, there are some companies who are actually leading the way. Eli Lilly, to their